

## **Administrative Special Use Permit Application**

Please type or print legibly

PROPERTY LOCATION: 115 KIND STREET
ZONE: KP TAX MAP REFERENCE: 075.01-03-05
APPLICANT'S INFORMATION:
Applicant: NOE LANDINI Business/Trade Name: LANDINI BROTHEL
Address: 115 KING STREET
Phone: 703 836 8404 Email: NOE DLANDINISEOTHE
PROPOSED USE:    Day Care Center
Please read and sign after the statement:  I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use.  Signature:
Please submit the following with this application form: <u>Site Plan</u> At a minimum, show and label the subject property, surrounding buildings, and
Site right At a minimum, show and laber the subject property, surrounding buildings, and

<u>Site Plan</u> At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

<u>Floor Plan</u> At a minimum, show and label all interim features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

Worksheet for specific use from Checklist and Worksheet package.

Other materials, as required by specific use (see Guide to Administrative SUPs Checklist & Worksheets).

PROPERTY OWNER'S As the property owner, I hereby grant the applica	
(property address), for the purposes of operating a	
business as described in this application.	
I also grant permission to the City of Alexandria to visi my property.	t, inspect, photograph and post placard notice on
Name:	Phone
Address:	Email:
Signature:	Date:
1. The applicant is the (check one):  [ ] Owner  [ ] Contract Purchaser  [ ] Lessee or [ ] Other:  of the subject property.  State the name, address and percent of ownership the applicant or owner, unless the entity is a corp each owner and the percent of ownership.	p of any person or entity owning an interest in
If property owner or applicant is being represented realtor, or other person for which there is some the business in which the agent is employed have Alexandria, Virginia?	form of compensation, does this agent or the
[ ] Yes. Provide proof of current City business lice	ense
[ ] No. The agent shall obtain a business license City Code.	e prior to filing application, if required by the

## USE CHARACTERISTICS

2.	Please give a brie	f statement describing the use:
-	LANDIN	I BRUTHERS WISHES TO USE TWO
_	PARKIN	L ENGLES IN ORDER TO PROUDE
	VALET	PARKING FOR LANDING BROTHERS AND
3.	Please describe tl	に対 かんとんぞっ ne proposed hours of operation:
	Days FRI-SA	1 Hours 5:30PM - WIDDPM
	Daily	
	Or give hours	for each day of the week
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	5:30 - 11'100Pm
	Saturday	5:30 - 11:00 PW
	Sunday	
	<u> </u>	
4.	Please describ	be the capacity of the proposed use:
7.	i icase aesei ik	the capacity of the proposed use.
	A. How many	patrons, clients, pupils and other such users do you expect? Specify
	•	d (i.e., day, hour, or shift).
	100 to 1 = 3 \$	7 000
	St s nim	CARS MAX = 80 CARS
	•	employees, staff and other personnel do you expect?
	Specify tin	ne period (i.e., day, hour, or shift).
	<b>3</b>	ATTENDANTS PER SHIFT
_		
5.	A. How many	parking spaces of each type are provided for the proposed use:
		Chandard and a surrect annual
		Standard and compact spaces
		X Handicapped accessible spaces
		<b>X</b> Other

	SUP#SUP#
В.	Please give the number of:  Parking spaces on-site
	Parking spaces off-site
If the	e required parking will be located off-site, where will it be located?
	115 S. UNION STREET
Plea	se provide information regarding loading and unloading for the use:
A.	How many loading spaces are available for the use?
В.	Where are off-street loading spaces located?
C.	During what hours of the day do you expect loading/unloading operations to occur?
C.	· · · · · · · · · · · · · · · · · · ·
D.  If an thin gove	How frequently are loading/unloading operations expected to occur, per day or

#### **APPLICANT'S SIGNATURE**

Please read and initial each statement:

Initial: THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Initial: THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

NOE LANDINI		
Print Name of Applicant or Representative		
und "		7.21.09
Signature	Date	

If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Kepreser	itative's Address: 115 KINF 31.
	ALEX. UR. 22314
Phone: _	871.238.7613
Email:	NOT DLANDINIBROTHERS. COL
Fax:	703.549.3896

sup 2009-0043



115 King Street Alexandria, Virginla 22314 Tel: (703) 836-8404 Fax: (703) 549-3596 www.landinibrothers.com

July 23, 2009

City of Alexandria

Valet parking plan for Landini Brothers Inc.,

- a. The location of the drop off area is in front of 115 King Street (Landini Brothers entrance). The location of the parked vehicles is 115 S. Union Street.
- b. The proposed days and hours of operation are Friday and Saturday, 5:30pm-11:00pm.
- c. The number of spaces available at the storage site is 50, which is the entire second floor of the garage.
- d. The owners of Landini Brothers, the valet company and the garage are agreeable to the terms and information submitted with this plan.
- e. The size of the drop off site is approximately 50 feet which is roughly the size of two street side parking spaces of which will be lost during the proposed hours of operation.
- f. The location of the drop off site will not interfere with traffic because vehicles will be able to pull into the vacant spots reserved for the hours of operation.
- g. Drop off site, frontal view:

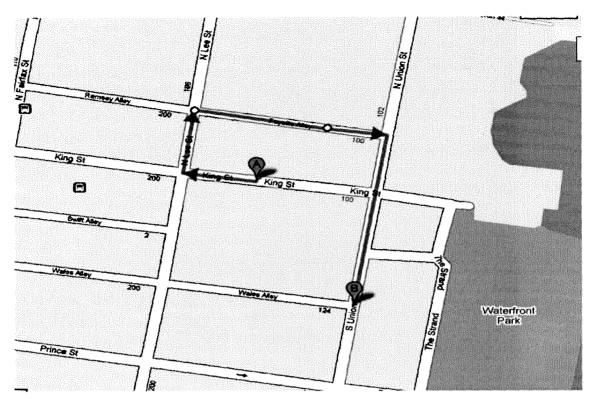


 ${\it Drop\ off\ site\ including\ valet\ route\ to\ storage\ location:}$ 

A = drop off in front of Landini Brothers

B = storage location

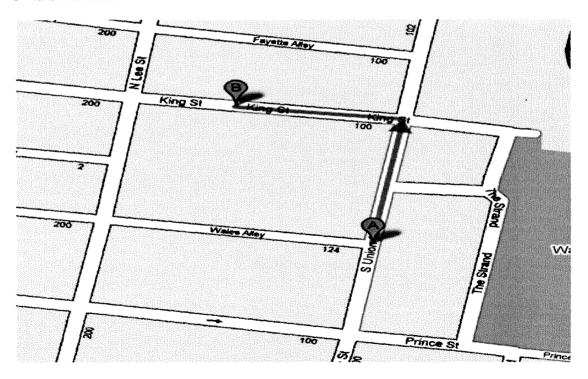
• Page 2 July 23, 2009



Pick up from storage location, valet back to Landini Brothers:

A = Storage location

B = Landini Brothers



- h. The proposed number of valet attendants is 2 and can be adjusted according to the demand.
- i. This proposed valet plan includes the Fish Market and in 2010, the new extension of Landini Brothers.
- j. City of Alexandria standards will be met.

Sup 2009-0043

• Page 3 July 23, 2009

- k. Certificate of insurance attached.
- I. Copy of the agreement with valet service attached.
- m. The valet company has a written contract with the parking garage allowing the use of the garage.

Sincerely,

Noe Landini

Owner

SUP2009-0043 LB VALET



#### **Proposal**

Landini Brothers Restaurant C/O Sophia Batchelder

Thank you for allowing *Unipark* the opportunity to submit the following proposal.

Unipark is the premier valet parking service provider in the Washington DC area since 1965. We excel in providing quality service and courteous staff. We promise to provide superior service for you and your guests. To meet these goals, we are committed in ensuring that our personnel provide safe driving and courteous behavior meeting the needs of all our customers.

If you've used us in the past, thank you for the opportunity to work with you again. If this is your first time inquiring about our services, we hope you will allow Unipark to demonstrate the level of quality our service can provide for you.

Please review the following proposal, sign and return this copy to Unipark so that we can reserve the date of your event. We look forward to working you and appreciate this opportunity to submit this proposal.



# 10020 Colesville Rd, # B- Silver Spring, MD 20901 - Tel: 301-681-3056 - Fax: 301-754-3771 www.uniparkvalet.com

#### **Proposal**

#### Landini Brothers Restaurant

1) Event Date:

Fridays and Saturdays

2) Valet Times:

5:30pm - 11:00pm

3) Event Time:

NA

4) Location:

115 King St- Alexandria VA 22314

5) No. of Guests:

NA

6) Est. No. of Cars:

25

7) No. of Valet:

2 valet attendants

• To be adjusted per demand

8) Est. Valet Cost:

\$12.00 per hour-per valet with a 4 hour minimum

9) Additional:

\*Valet will charge guests \$5.00 per car

\*\$1.00 of charge will go to valet

\*Remaining \$4.00 will be applied to bill at end of billing cycle

10) Garage Fee:

\$5.00 per car

#### **Additional Charges:**

There is a 4 hour minimum for all valet services.

Additional Charges will be incurred if parking services are extended beyond the term of the contract. Such charges may include but are not limited to additional labor hours, extended garage/lot facilities rental, and/or equipment rental charges. Additional labor charges will be billed at \$25.00 per valet, per hour. Additional charges will be documented at the time of occurrence, signed/acknowledged by agent or its representative and billed by Unipark Valet after the event.

- To accept this service please sign and fax back the proposal to (301) 754-3771.
- 50% Deposit required prior to date of event.
- Copy of Certificate can be provided upon request.

**Equipment:** 

Valet Parking Signs

Golf-Umbrellas

Parking Tickets Two way Radios Cones

Jumper cables

Keyboards

SUP 2009-0043



Client Signature	Date

2009-0013



10020 Colesville Rd, # B- Silver Spring, MD 20901 - Tel: 301-681-3056 - Fax: 301-754-3771 www.uniparkvalet.com

#### **UNIPARK NOW ACCEPTS VISA, MASTERCARD & AMEX**

American Express, please complete the following and mail or fax to our office.
Client Name:
Location of Event:
Date of Event:
Billing Address: (If different from Event Location)
Method of Payment: (check one)
VISAMASTERCARDAMEX
Credit Card Number: Where to find your Card ID (CVV2)
Expiration date: CID/CVC2/CVV2:
Cardholder Name (Please Print):
Cardholder Zip Code:
Amount:
Cardholder Signature:

NOTE: If this form is being filled out for a deposit, Unipark reserves the right to charge the remaining maintee to the same credit card. Please notify us prior to the date of the event if you would like to use a different method of payment for the final balance

SUP 2009-0043



10020 Colesville Rd, # B- Silver Spring, MD 20901 - Tel: 301-681-3056 - Fax: 301-754-3771 www.uniparkvalet.com

#### Additional Information- Claims

Unipark Valet shall be the primary contact for parking related claims under the contract. We assume no liability for fire, theft or damage in any case, except through our own negligence. Unipark Valet will not assume liability for damage or injury sustained through faulty brakes, equipment failure or possible mechanical failure. All Claims for adjustment must be presented to the on-site valet supervisor prior to departing the event location. Unipark Valet will not be responsible for articles left in Vehicle. Nothing in this section shall be construed to obligate either party or its insurance carrier to pay a claim for which that party is not liable

### **Insurance Information**

Unipark carries all necessary insurance.

Copy of Certificate can be provided upon request.